

# THE MIKE MORAN BASKETBALL CAMPS

**LOCATION:** Lost Nation Sports Park  
38630 Jet Center Drive  
Willoughby, OH 44094

John Carroll University  
20700 North Park Blvd.  
University Heights, OH 44118

For further information call: 440-338-8092.

## BOYS CAMPS

**ELIGIBILITY:** The camp is open to boys 7-15.

**COST:** Tuition Fee is \$165.00. A \$50.00 NON-REFUNDABLE registration fee must accompany the application. The balance is due upon registration. Tuition fee for all early registrations received before May 10th will be \$150.00, if paid in full.

## WHAT TO BRING

Campers should bring tennis shoes, shorts, sweat socks, t-shirt and a packed lunch. Food and beverages are sold at the Lost Nation and John Carroll University snack bar if desired.

# CAMP FEATURES

- Fundamental Stations
- Lectures on the Different Offensive and Defensive Phases of Basketball.
- Written Player Evaluations.
- Individual and Group Contest.
- Excellent Staff of College Coaches, High School Coaches and College Players.
- Certified Trainer on Duty.
- An Exciting, Fun Week of Basketball.

## DAILY SCHEDULE

8:45	Campers Should Arrive by 8:45 a.m.
9:00	Stretching
9:15	Individual Stations
11:00	Full Court Fundamental Station Work
11:30	Individual Contest
12:00	Lunch
1:00	Basketball Contest Stations
1:30	5 on 5 league games
3:15	Camp ends

# CAMP STAFF

**MIKE MORAN:** Head Coach John Carroll University. 3-Time OAC Coach of the Year, has guided the Blue Streaks to (9) OAC Championships and (10) trips to NCAA Tournaments & (1) Final Four. Formerly VA/SJ High School Head Coach, his teams captured (9) Districts (4) Regional and (2) State Championships.

**MARK CHICONE:** Head Coach Lake Catholic High School. His 1999 VASJ Team captured the OHSAA State Championship. Former Girls Head Coach at Mentor High School.

**PAT MORAN:** Head Coach Madison High School. Northeast District - Division III Coach of the Year - 2005.

**MATT MORAN:** Assistant Coach Lake Catholic High School. Former Assistant Coach John Carroll University. Former Head Coach at Chardon High School.

**JASON PECJAK:** Head Coach Beachwood High School. Former Assistant Coach John Carroll University.

**PETE MORAN:** Head Coach Berkshire High School.

**TONY REDDING:** Girls Head Coach VASJ. Former Assistant Coach at John Carroll University.



## REGISTRATION FORM:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Entering Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

T-SHIRT SIZE (Adult S M L XL)

LNSP BOYS CAMP      JCU BOYS CAMP

( ) JUNE 18-22      ( ) JULY 9-13

( ) JUNE 25-29      ( ) JULY 16-20

### WAIVER/EXCLUSION CLAUSE

I, the undersigned parent/guardian/participant, in enrolling in The Mike Moran Basketball Camps at Lost Nation Sports Park (LNSP) and John Carroll University, understand that he/she/I, in attending any basketball program and using the facilities, does/do so at his/her/my own risk. The Mike Moran Camp and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do/does hereby fully and forever release, discharge, and, hold harmless Mike Moran all associated facilities, and its owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any programs or use of its facilities. He/she/I understand(s) that failure to do so may result in suspension from participation.

I also give permission for the free use on my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of The Basketball Camp, including but not limited to, promotion of future events or other promotional use.

Contents

I, the undersigned parent of/guardian of/participant

\_\_\_\_\_  
Name of parent or guardian (please print)

Do hereby grant authority to the staff The Mike Moran Basketball Camps to render a judgement concerning medical assistance of hospital care in the event of an accident or illness during my absence.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Mike Moran  
14988 Surrey Downs  
Novelty, OH 44072

Make checks payable to: **MIKE MORAN** Basketball Camps

or pay by  VISA  Master Card  Discover (*Please check one*)

Please print exact name on credit card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

For further information call 440-338-8092

**THE MIKE MORAN  
BASKETBALL CAMPS**  
14988 SURREY DOWNS  
NOVELTY, OHIO 44072

# THE MIKE MORAN BASKETBALL CAMPS at LOST NATION SPORTS PARK and JOHN CARROLL UNIVERSITY



## LOST NATION BOYS CAMP

**JUNE 18-22\***

**JUNE 25-29\***

**\*Girls Ages 10-17 Call for Availability**

## JOHN CARROLL BOYS CAMP

**JULY 9-13\***

**JULY 16-20\***

**\*Girls Ages 10-17 Call for Availability**

**CAMP FEE: \$165.00**

**Early Registration Discounts  
and Group Rates Available**

**Each Camper Receives a Camp  
Basketball and a Camp T-Shirt**

**Information can be obtained from the  
JCUSports.com Men's Basketball.**